VOCA Subgrant Award Report Form

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| 1. Agency Name:  Mailing Address:  Telephone number: |
| 2. Please provide the following information on your proposed VOCA program service area (attachments acceptable). See the [Illinois State Board of Elections website](http://www.elections.il.gov/DistrictLocator/DistrictOfficialSearchByAddress.aspx) for district numbers.   1. List the county(ies) or municipality(ies) served by your proposed VOCA program.      1. Federal Congressional District number(s) 2. State Senatorial District number(s) 3. State Representative District number(s)   These districts can be found by visiting the [Illinois State Board of Elections](http://www.elections.il.gov/DistrictLocator/DistrictOfficialSearchByAddress.aspx) website.    **Agency type (Check one):**  A. Criminal justice government\*   |  |  | | --- | --- | | Law Enforcement | Court | | Prosecution | Corrections | | Probation | Other (specify) |   B. Non-criminal justice government   |  |  | | --- | --- | | Social Services | Hospital | | Mental Health | Public Housing | | Other (specify) | |   C. Private: Non-profit   |  |  | | --- | --- | | Hospital | Shelter | | Rape Crisis | Mental Health | | Religious Organization | Other (specify): |   D. Other: Describe  \*If your agency is a unit of government, such as law enforcement or prosecution, please provide a brief description of how the activities described within this application have been coordinated with the victim service providers in the community served. Include letters of support from all agencies listed as part of the application.    If your agency is not able to coordinate these activities with a victim service agency, please explain why. |
| 3. Purpose of VOCA funds (Select one):   |  |  | | --- | --- | | Start a new victim services project | Expand or enhance an existing project not previously funded by VOCA. | | Continue a project previously funded by VOCA | Technology | |
| 4. *This section is to be complete by ICJIA if proposal is accepted*   |  |  | | --- | --- | | Crime Victim Assistance Funds awarded: N/A | Project start date: N/A | | Grant number: N/A | Project end date: N/A | |  |  | |
| 5. VOCA funds primarily will be used to: (Check one)   |  |  | | --- | --- | | Expand services into a new geographic area | Offer new types of services | | Serve additional victim populations | Continue existing services | | Other (specify) |  | |
| 6. Indicate the number of full-time equivalent (FTE) VOCA-funded staff:  \* Total should match FTE listed in application. |
| 7. Volunteers used in any capacity throughout your agency should be counted and reported.  Does your organization use volunteers?  Yes – Complete a. and b.  No – Complete and submit Volunteer Waiver Certification.   1. How many FTE volunteer staff serve your agency as a whole? 2. What activities do your FTE volunteers perform? |
| 8. List total amounts of VOCA funds allocated to serve specific types of victims. List a single amount for all crimes or list by crime type. Total should match awarded amount provided in Section 4 of this form.   |  |  | | --- | --- | | ALL CRIMES | $ | | **OR** | | | Child abuse (including child sexual abuse) | $ | | Domestic violence | $ | | Sexual assault | $ | | Underserved | | | DUI/DWI crashes | $ | | Survivors of homicide victims | $ | | Assault and/or battery | $ | | Adults molested as children | $ | | Elder abuse | $ | | Robbery | $ | | Other violent crime (specify) | $ | | TOTAL | $ | |